Business Name:					
Business Address:		_	Phone Number:		
City:			State:	Zip Code:	
Mailing Address:					
City:			State:	Zip Code:	
Website and/or email address:					
Business Owner's Name:			Date of Birth (MM/I	DD/YY):	
Business Owner's Driver's License Number:			SSN Number:		
Type of Contractor:					
State Contractor's License Number:			Expiration Date (MM/DD/YY):		
Federal Tax Identification Number:					
Please Check One: [] Incorporated	[] Partnership [[] Sole I	Proprietor	[] Other	
I declare under the penalty of perjury that this application, return or statement including any accompanying schedules, statements or supporting data has been examined by me, and to the best of my knowledge, information and belief, is a full true correct application, return or statement.					
Signature:			Date (MN	M/DD/YY):	
For Office Use Only:					
CONTROL NUMBER:	LICENSE NUMBER:				
PLEASE SUBMIT WITH THIS APPLICATION COUNTRY'S DRIVER'S LICENSE.			CONTRACTOR'S L	ICENSE AND BUSINESS	
Business License Fee:	_ (\$60.00 for the first \$60,000 and \$1.00 per thousand thereafter)				
Application Fee:	_ (\$28.20 for new licenses, and \$25.35 for renewals)				
SB1186 Disability:	_ (1.00 for Disability Access Charge)				
Total Amount Due now:					
Gross Receipts of Contract: \$					